

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		01/30/00
O.I.P.E. CLASSIFIER		48	11/16/00
FORMALITY REVIEW	<i>MT</i>	523	12/12/00
RESPONSE FORMALITY REVIEW	<i>HA</i>	858	03-27-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	01/05/00
2	01/27/00
3	02/20/00
4	02/27/00
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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